



DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	20589Y
		First Named Inventor	JAMES M. MUNDT
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BLISTER PACKAGE FOR PHARMACEUTICAL TREATMENT CARD

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/246,934	11/09/2000	20589PV2
60/172,839	12/20/1999	20589PV

**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorneys or agents with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number _____ → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
ANTHONY D. SABATELLI	34,714		
NICOLE M. WALLINGER	45,194		
MELVIN WINOKUR	32,763		

Direct all correspondence to: Customer Number or Bar Code Label

000210

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City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-1935		Fax (732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
JAMES M.		MUNDT			
Inventor's Signature	<i>James M. Mundt</i>			Date	December 5, 2000
Residence: City	WARRINGTON	State	PA	Country	USA
Post Office Address	Merck & Co., Inc., P.O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address	Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address	Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address	Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address	Merck & Co., Inc., P.O. Box 2000					
City	Rahway	State	NJ	ZIP	07065-0907	

Please type a plus sign (+) inside this box →

Approved for use through 9/30/2000 OMB 651-0032
SUBSTITUTE for PTO/SB/02B (3-97), Declaration-Supplemental Priority Data Sheet

DECLARATION AND POWER OF ATTORNEY -- Supplemental Priority Data Sheet